COCKS, W. P.
Illustrations of Mr S. Cooper's
Surgical Dictionary. London: Longman. 1821.

PLATE. 1. T.

Fig. 1

Represents the peritoneum, freed from the integuments and muscles, extending on each side into the scrotum, and forming on the right a congenital hernia.

a.a. The layers of skin and muscles dissected and reflected.

b.b.b. The entire bag of the peritoneum, detached from the muscles.

c.c.c. The abdominal viscera distinguishable through the peritoneum.

d. The production of peritoneum on the right side dilated by the bowels protruded from the abdomen, and forming the hernia.

e. The other production of peritoneum in the left groin.

f. The place, where the latter production was closed, which is partially inflated, in order that the state of the parts may be better seen.

g.g. The skin of the scrotum reflected.

h. The bottom of the scrotum.

i. The bladder situated in front of the bag of the peritoneum.

k. The commencement of the urachus.

l. The penis, without integuments.

m. The prepuce.

n.o.p. The hernial sac, of different capacity at different points, extending to the bottom of the scrotum.

See page 677.

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q. The ileum small intestine seen through the peritoneum.

r. The cœcum, also seen through the peritoneum.

s. The appendicula vermiformis.

t. The left testicle.

Fig. 2.

The peritoneum being opened, the contents of the abdomen and hernial sac are brought into view.

a.a. The integuments of the abdomen and scrotum, with the muscles reflected.

b.b. The layers of peritoneum reflected, shewing its very smooth internal surface.

c.c.c.c. The hernial sac.

d.d. The small intestines.

e. The end of the ileum.

f. The cœcum.

g. The colon.

h. The appendicula vermiformis, extending to the bottom of the scrotum, and adherent to the hernial sac.

i. The testicle.

k. The epididymis.

l. The spermatic vessels.

m. The vas deferens.

n. The bladder, drawn towards the left side, in order to let the contents of the hernial sac be better seen.

o. The penis.

See page 653.

PLATE 2. T.

a.a. The left inguinal ring.

b.b. Intersection of the collateral tendinous bands of the aponeurosis of the external oblique, in the vicinity of the inguinal ring.

c.c.c.c. The aponeurosis of the external oblique muscle of the abdomen, divided along the crest of the ilium and the linea alba as far as the vicinity of the inguinal ring.

d. The left femoral arch.

e.e. The membrano-aponeurotic sheath of the cremaster muscle laid open.

f. Continuation of the sheath of the cremaster muscle, which contains the spermatic cord and the vaginal coat of the testicle.

g.g.g. The fibrous bundles of the cremaster muscle.

h.h. Soft cellular substance, interposed between the sheath of the cremaster and the proper hernial sac.

i.i. The hernial sac formed by the peritoneum.

k.k. A portion of omentum protruded and descended into the hernia.

l.l. The aponeurotic sheath of the rectus muscle of the left side, opened and turned back.

m. The great sac of the peritoneum, with the intestines shining through it.

o.o. The left rectus muscle of the abdomen laid bare, and turned very much towards the right side of the abdomen.

See page 653.

p. The internal oblique muscle of the abdomen of the left side.

q. A portion of the great sac of the peritoneum, which, after dividing the aponeurosis of the fascia-lata, and raising the fallopian ligament, appeared externally under the left femoral arch

r. Common integuments of the scrotum.

1. Femoral artery.
2. Femoral vein.
3. Circumflex iliac artery.
4. Origin of the epigastric artery.

5, 6, 7, 8. Continuation of the left epigastric artery, behind the neck of the hernial sac, towards the rectus abdominis muscle of the same side.

9. The origin of the epigastric vein.

10, 11, 12. Continuation of the epigastric vein behind the neck of the hernial sac, towards the rectus abdominis muscle.

13. The saphena vein.
14. Anterior crural nerve.

A. Glutæus maximus muscle.

B. The tensor vaginæ femoris.

C. The aponeurotic sheath of the thigh.

D. The sartorious muscle.

E. The rectus muscle of the thigh.

F. The vastus externus.

G. The iliacus internus.

H. The tendinous origin of the adductor muscles of the thigh.

I. The gracilis.

Fig. 3.

aa. A loop of ileum protruded at the left groin.

b. The omentum adhering to the inner side of the neck of the hernial sac.

cc. The edge of the omentum which did not adhere, turned back on the outer side of the hernial sac.

d. The omentum surrounding the protruded intestine and producing strangulation.

g. The bottom of the hernial sac.

h. The external covering of the hernia, formed by the membrano-aponeurotic sheath of the cremaster muscle.

ii. The vaginal coat of the testicle laid open.

k. The testicle.

l. The epididymis.

Fig. 4.

a.a. The aponeurosis of the external oblique muscle.

b.b. cc. The hernial sac laid completely open.

d.d. Constriction of the sac a little below its middle.

e. The superior cavity of the hernial sac.

f. The inferior cavity of the hernial sac.

ggg. The deep fossa of the superior cavity of the hernial sac.

hh. Marks the bottom of the inferior cavity of the hernial sac behind the testicle.

ii. Membrano-aponeurotic expansion of the cremaster, lying over the tunica vaginalis testis.

ll. The vaginal coat of the testicle laid open.

m. The testicle.

See pages 648, 656.

PLATE 3. T.

This plate represents congenital hernia.* It is produced by the intestine slipping down, from the communication betwixt the general cavity of the peritoneum, and the cavity of the tunica vaginalis.

a A portion of ileum which has fallen from the cavity of the abdomen into the tunica vaginalis.

b. Intestines within the cavity of the abdomen.

c. Peritoneum.

d. Tunica vaginalis.

e. Testicle.

f. Integuments of the scrotum.

g. Integuments of the abdomen.

* See page 677.

PLATE 4. T.

Fig. 1.

Represents the operation for hernia, descending into the labium of the woman.

a.b. The extent of the herniary tumour.

c. From this to B, is the course of the first incision, which cuts through the skin and cellular membrane, and exposes the fascia.

d. The fascia which covers the proper sac of the hernia. After dissecting off some lamina from it, it is pinched up by the forceps, and the knife being carried horizontally on the surface of the tumour, this layer is cut through; then the directory is pushed under it.

e. The directory pushed under the fascia, to ascertain its nature. Along this the knife is run, laying open the proper peritoneal sac.

f. The peritoneal sac, smooth; with distinct vessels running into it, and so transparent that the intestine gives it a darker hue.

Fig. 2.

The manner in which the femoral hernia will sometimes rise from the depth of the groin, when freed of the integuments, and binding of the fascia.

a.b. The extent of the incision of the integuments.

c.c. An aponeurosis dissected off the proper sac.

d. The hernia covered by the proper sac, the tumour is of a pyramidal form.

e. A cut through the sac.

See page 658.

a
b
c
d
e

a
b
c
d
e
f
g

W. Cocks.

Fig 1.

Fig 4.

Fig 3.